

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

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STD. 262 (REV. 10/92)

CLAIMANT'S NAME Matthew David			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Governor's Office		
POSITION Deputy Chief of Staff			CB/ID NUMBER			DIVISION OR BUREAU Communications		
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS State Capitol			INDEX NUMBER		
CITY Sacramento			STATE California			ZIP 95814		

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
17-Apr	4:00pm	Sac-LA	146.02			5.49		154.60		69.00	0.00		375.11
18-Apr	7:00pm	LA		6.00	10.00	18.00				103.00	0.00		137.00
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SUBTOTALS			146.02	6.00	10.00	23.49	0.00	154.60	0.00	172.00	0	0.00	
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL

488.62

\$512.11

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Staff GS for press event in Long Beach, 4/18/09

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

740508

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

pertaining to vehicle safety and seat belt usage

CLAIMANT

DATE

5/6/09

SIGNATURE OF PERSON INCURRED

DATE

5/12/09

DATE